| STATE OF INDIANA                      | )<br>) SS:  | BEFORE THE                | INDIANA                                |
|---------------------------------------|-------------|---------------------------|--|
| COUNTY OF MARION                      | )           | COMMISSIONER OF INSURANCE |  |
|                                       |             | CAUSE NUME                | BER: 9325-AG10-0511-101                |
| Shannon D. Abel,<br>Agent/ Respondent |             | )                         |  |
| 330 Sunset Lane                       |             | )                         |  |
| Bedford, Indiana 47421                |             | )                         | JUN 04 2010                            |
| Type of Agency Action: En             | forcement   | )                         | STATE OF INDIANA<br>DEPT. OF INSURANCE |
| Indiana Insurance License             | No.: 460381 | ,                         |  |

## FINAL ORDER AND APPROVAL

The Indiana Department of Insurance ("Department") and Shannon D. Abel, ("Respondent"), signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval.

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

- 1. Respondent admits that he used fraudulent and dishonest practices, demonstrating untrustworthiness in the conduct of business in Indiana.
- 2. Respondent forged another's name to documents related to insurance transactions.
- 3. Respondent's active Indiana resident producer's license, number 460381, is Permanently Revoked.

ALL OF WHICH IS ORDERED this \_\_\_\_\_ day of June 2010.

 $\overline{\phantom{a}}$ 

Doug Webber, Acting Commissioner Indiana Department of Insurance

## Distribution:

Nikolas P. Mann INDIANA DEPARTMENT OF INSURANCE 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

Shannon D. Abel 330 Sunset Lane Bedford, Indiana 47421

| STATE OF INDIANA ) SS:                    | BEFORE THE INDIANA                  |  |
|---|-------------------------------------|--|
| COUNTY OF MARION )                        | COMMISSIONER OF INSURANCE           |  |
|   | CAUSE NUMBER: 9325-AG10-0511-101    |  |
| Shannon D. Abel,<br>Agent / Respondent    | )                                   |  |
| 330 Sunset Lane<br>Bedford, Indiana 47421 |                                     |  |
| Type of Agency Action: Enforcement        | <b>JUN</b> 04 2010                  |  |
|   | STATE OF INDIANA  DEPT OF INSURANCE |  |

## **Indiana Insurance License No.: 460381**

## AGREED ENTRY

This Agreed Entry is entered into by Nikolas P. Mann, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and Shannon D. Abel ("Respondent"), a licensed Indiana resident insurance producer holding license number 460381, to resolve all matters under Cause Number 9325-AG10-0511-101. This Agreed Entry is subject to the review and approval of Doug Webber, Acting Commissioner, Indiana Department of Insurance.

WHEREAS, Respondent is a licensed resident insurance producer in the State of Indiana; and

WHEREAS, on May 6, 2010, the Department received an e-mail complaint from Deb Dannehl, an Agency Services Specialist with American Family Insurance Company, alleging that Respondent knowingly forged insureds' names on "qwickpay" checks that Respondent had authority to issue directly from his agency. Ms. Dannehl also stated that

she believed Respondent created bogus claims then issued checks and endorsed them back to himself; and

WHEREAS, on April 28, 2010, John Mueller, with the Internal Audit Department of American Family Insurance, spoke to insured Virginia Cunningham who had earlier received a payment confirmation letter from American Family Insurance. Ms. Cunningham responded that she had never incurred the claim in question and never received the \$1,537.25 payment in question. Mr. Mueller then obtained a listing of all "qwickpay" payments issued by Respondent, sixteen (16) of which he believed were fraudulent payments, totaling \$19,961.28; and

WHEREAS, on May 4, 2010, John Mueller spoke to Respondent who admitted that he issued the fraudulent payments in desperation due to his financial condition and did forge the insureds' signatures on the fraudulent payments; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without a hearing;

IT IS, THEREFORE, NOW AGREED by and between the parties as follows:

- 1. The Commissioner has jurisdiction over the subject matter and Respondent in this administrative action.
- 2. This Agreed Entry is executed voluntarily by the parties.
- 3. Respondent voluntarily and freely waives his right to a public hearing on the issues in this action.
- 4. Respondent admitted to Department investigator Mike Herndon that the complainant's accusations were true, he did issue the fraudulent payments and did forge the insureds' signatures on the fraudulent payments.

5. Respondent committed fraud in the business of insurance by intentionally creating bogus claims, then issued checks and endorsed them back to himself.

6. Respondent used fraudulent and dishonest practices, demonstrating untrustworthiness in the conduct of business in Indiana.

7. Respondent forged applicants' signatures on "qwickpay" checks.

8. Respondent agrees to the permanent revocation of his Indiana resident insurance producer license number 460381.

9. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.

10. Respondent has carefully read this agreement and fully understands and accepts its terms.

Nikolas P. Mann, Attorney

Indiana Department of Insurance

 $\frac{5/23/20/0}{\text{Date Signed}}$ 

| STATE OF INDIANA )   |
|--|
| COUNTY OF Lawrence ) SS:   |
| Before me a Notary Public for Lawrence County, State of Indiana personally appeared Shannon D. Abel and being first duly sworn by me upon his oath |
|  |
| states that the facts alleged in the foregoing instrument are true. Signed and sealed this   |
| $27^{+h}$ day of $May$ 2010.   |
| Rhotay Signature  Notary Signature   |
| Rheajo Lynn Myers  SEAL Resident Of Lawrence County  My Commission Expires:  Notary Treme Printed 7/5/2015   |
| My Commission expires: $7/5(201)$  |

INDIANA DEPARTMENT OF INSURANCE Enforcement Division Suite 300 311 West Washington Street Indianapolis, IN 46204-2787 317/234-5888 - telephone 317/234-2103 - facsimile

County of Residence: Lawrence